

Name  
in  
Full


## CERTIFICATE OF DEATH

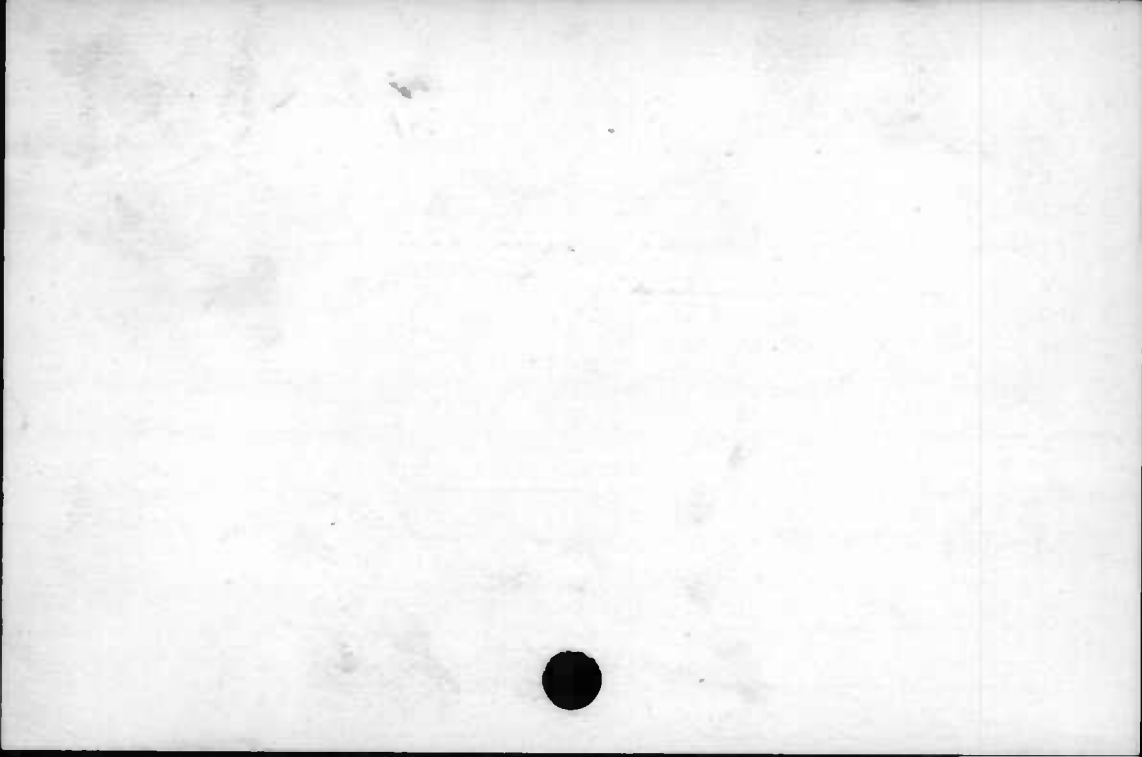
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Unnamed Aydelotte</i>		Town <i>Pocomoke</i>		County <i>Worcester</i>		MARYLAND	
Died at		Date of death <i>1906</i>		Month <i>12</i>		Day <i>16</i>	
		Age <i>—</i>		Years <i>—</i>		Months <i>4</i>	
Sex <i>Boy</i>		Color or Race <i>Colored</i>		Birth-place <i>md.</i>		Days <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Walter Johnson</i>		Father's Birthplace <i>md.</i>					
Mother's Maiden Name <i>Hattie Aydelotte</i>		Mother's Birthplace <i>md.</i>					
Name of person giving information <i>Bettie Aydelotte</i>		How related to deceased <i>grandmother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Eczema</i>		How long <i>8 months or so</i>	
Immediate <i>Perforation</i>		How long <i>several weeks</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D. J. Casslow</i>	
Address <i>—</i>		Address <i>Pocomoke</i>	
<i>delivered by H. H. King</i> <i>don't know who the undertaker was</i> Accident or Suicide? <i>I. F. Bonville</i>		 <i>not registered</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Paranoke City</i>		Town <i>Paranoke City</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>12</i>	Day <i>26</i>	Age <i>6</i>	Years <i>6</i>	Months <i>8</i>	Days	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>			
Occupation <i>v</i>		Where Residing if not at place of death <i>v</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>v</i>					
Father's Name <i>George Asbury Bell</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Mary Caffe Mills</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>J. A. Bell</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

⑨

PHYSICIAN  
OR CORONER

Primary <i>Pharyngeal Diphtheria</i>	How long <i>13 days</i>
Immediate <i>Cardiac Paralysis.</i>	How long <i>15 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yr</i>	Signature of Physician <i>J. M. Wilson</i>
	Address <i>Paranoke City.</i>
Accident or Suicide? <i>—</i>	

Dec 27<sup>th</sup> 1906 Methodist Sunday

Name  
in  
Full

CERTIFICATE OF DEATH

James Collins

Town

County

Died at

Pocomoke

Anne Arundel

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1901

Dec.

24

Age

66

Sex

Male

Color or  
Race

Colored

Birth-  
place

Pocomoke

Occupation

Farmer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Hetty Collins

Father's  
Name

James Collins

Father's  
Birthplace

Boring Creek

Mother's  
Maiden Name

Full don't know

Mother's  
Birthplace

don't know

Name of person giving  
In formation

James H Collins

How related  
to deceased

Son

CAUSES OF DEATH

193

Primary

Pneumonia

How long

2 weeks

Immediate

gradual

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

J. W. C. Gunt

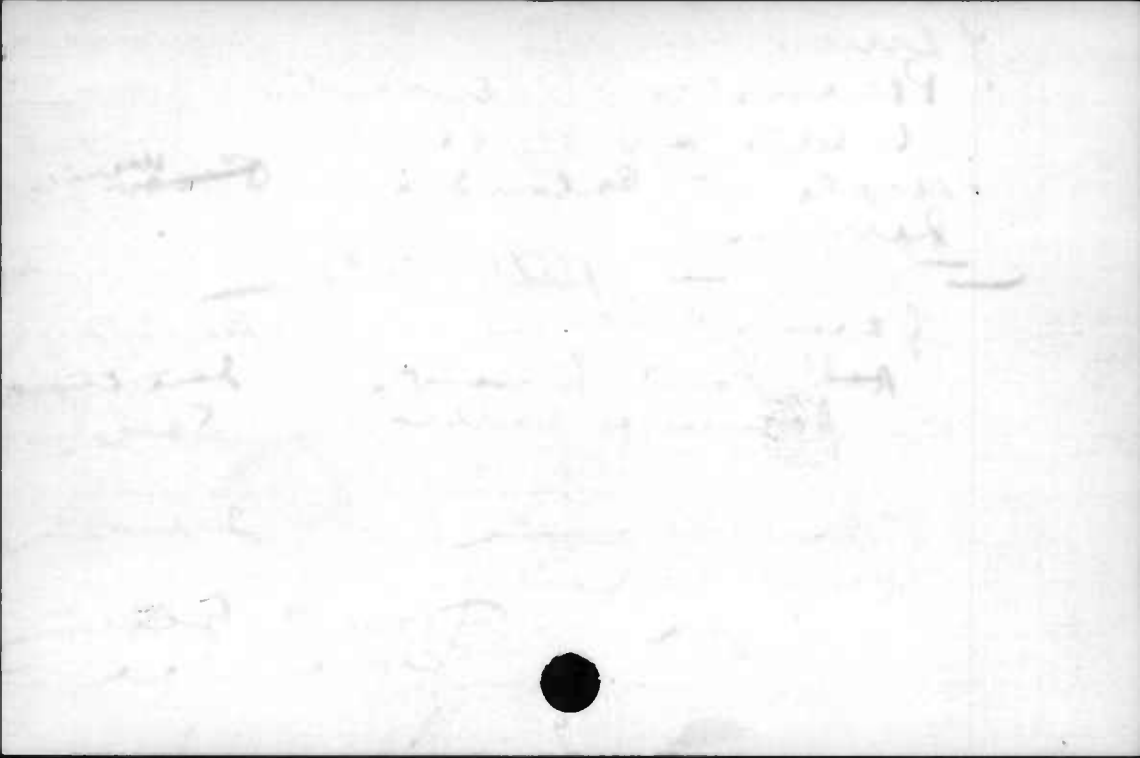
Address

Pocomoke

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

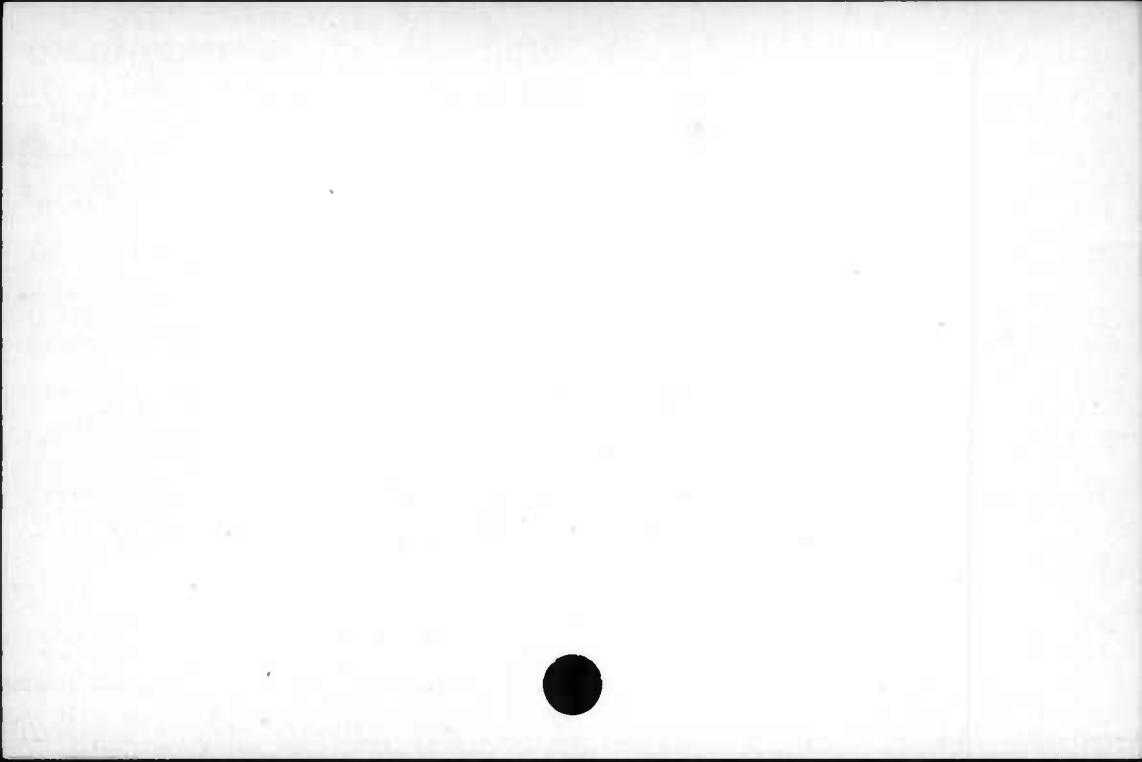
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bishopville</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>December</i>	Day <i>19</i>	Age <i>3</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Maryland</i>		
Occupation <i>None</i>			Where Residing If not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>Lemanuel J Collins</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Annice J Collins</i>			Mother's Birthplace <i>Delaware</i>		
Name of parson giving information <i>Payson Watson</i>			How related to deceased <i>None</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>10 Days</i>
Immediate <i>No</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>yes</i>	Address
Accident or Suicide?	<i>T Bayne Bishopville Md</i>





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>William M. Easton</i>			Town <i>Berlin</i>			County <i>Worcester</i>			STATE <i>MARYLAND</i>		
Died at <i>near Berlin</i>			Month <i>12</i>			Day <i>29</i>			Years <i>77</i>		
Date of death <i>1906</i>			Months			Days			Age <i>77</i>		
Sex <i>Male</i>			Color or Race <i>White</i>			Birth-place					
Occupation <i>Farmer</i>			Where Residing if not at place of death								
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband								
Father's Name			Father's Birthplace								
Mother's Maiden Name			Mother's Birthplace								
Name of person giving information <i>Chas Fisher</i>			How related to deceased <i>Nephew</i>								

## CAUSES OF DEATH

Primary <i>Cancer</i>		How long <i>Six or seven years</i>	
Immediate		How long <i>7 years</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Had none only</i>	
		Address <i>D. A. Massey, S.H.O.</i>	
Accident or Suicide?			



Name  
in  
Full

George W. Dale

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Snow Hill* TownCounty *Worcester*Date of death *1906 Dec.*Day *29.*Age *62.*

Months

Days

Sex *Male*Color or Race *Colored*Birth-place *Maryland*Occupation *Laborer*

Where Residing if not at place of death

Married, Single or Widowed *Married*Name of Wife or Husband *May Dale*Father's Name *Francis Cottingham*Father's Birthplace *Maryland*Mother's Maiden Name *Rachel. Cottingham*Mother's Birthplace *Maryland*Name of person giving information *Elizbie Dale*How related to deceased *Sister*

## CAUSES OF DEATH

Primary *Tuberculosis of lungs*How long *3 or 4 years*Immediate *Hemorrhage, Heart failure*How long *about one hour*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

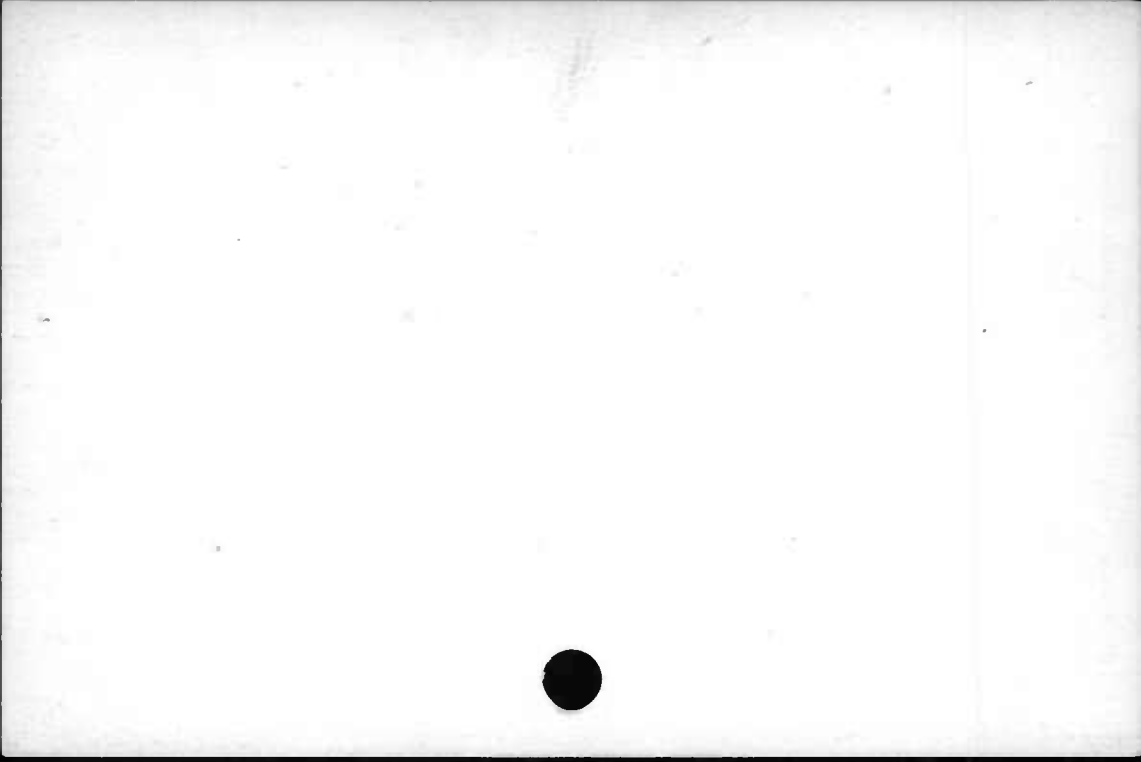
*John S. Lydell*

Address

*Snow Hill**Md.*

Accident or Suicide?

*no.*PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Sousan Dickinson</i>		Town <i>Paramoche</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Mar</i>		Month <i>12</i>		Day <i>23</i>		Age <i>76</i>	
Date of death <i>1906</i>		Month <i>12</i>		Day <i>23</i>		Years <i>76</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth- place <i>Md</i>			
Occupation <i>No occupation</i>		Where Residing if not at place of death <i>✓</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Senie Dickinson</i>					
Father's Name <i>James Dickinson</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Is not known</i>		Mother's Birthplace <i>Md</i>					
Name of person giving Information <i>Robt Watson</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senile Paralysis</i>	<i>(66)</i>	How long <i>1 year</i>
Immediate <i>Exhaustion</i>		How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. M. Wilson</i>
		Address <i>Paramoche City</i>
Accident or Suicide? <i>—</i>		



Name  
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Full

William Flemming

## CERTIFICATE OF DEATH

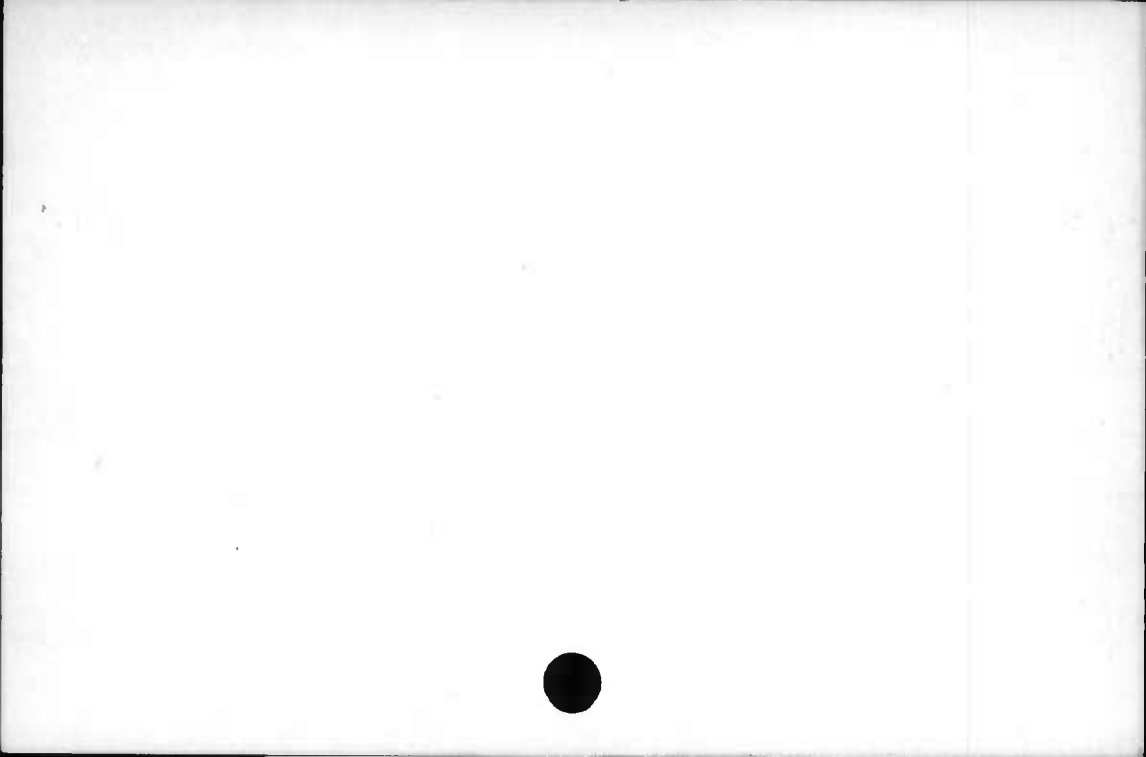
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pocomoke</i> <sup>Town</sup>		<i>Worcester</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Dec.</i>	Day	<i>2</i>
Age		<i>36</i>	Years	Months	Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Somerset Co. Md.</i>
Occupation	<i>none. Invalid</i>		Where Residing if not at place of death	<i>at place of death</i>	
Married, Single or <del>Widow</del>		Name of Wife or Husband			
Father's Name	<i>Sydney Flemming</i>			Father's Birthplace	<i>Somerset Co. Md.</i>
Mother's Maiden Name	<i>Alice Brittingham</i>			Mother's Birthplace	<i>Northampton Co. Va.</i>
Name of person giving information	<i>Alice B. Flemming</i>			How related to deceased	<i>Mother</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Disease of Brain</i>	How long	<i>from Infancy</i>
Immediate	<i>Convulsions &amp; Coma</i>	How long	<i>four or five days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. J. Gostert</i>
		Address	<i>Pocomoke Md.</i>
Accident or Suicide?			





Name  
in  
Full

Minnie B. Gray

## CERTIFICATE OF DEATH

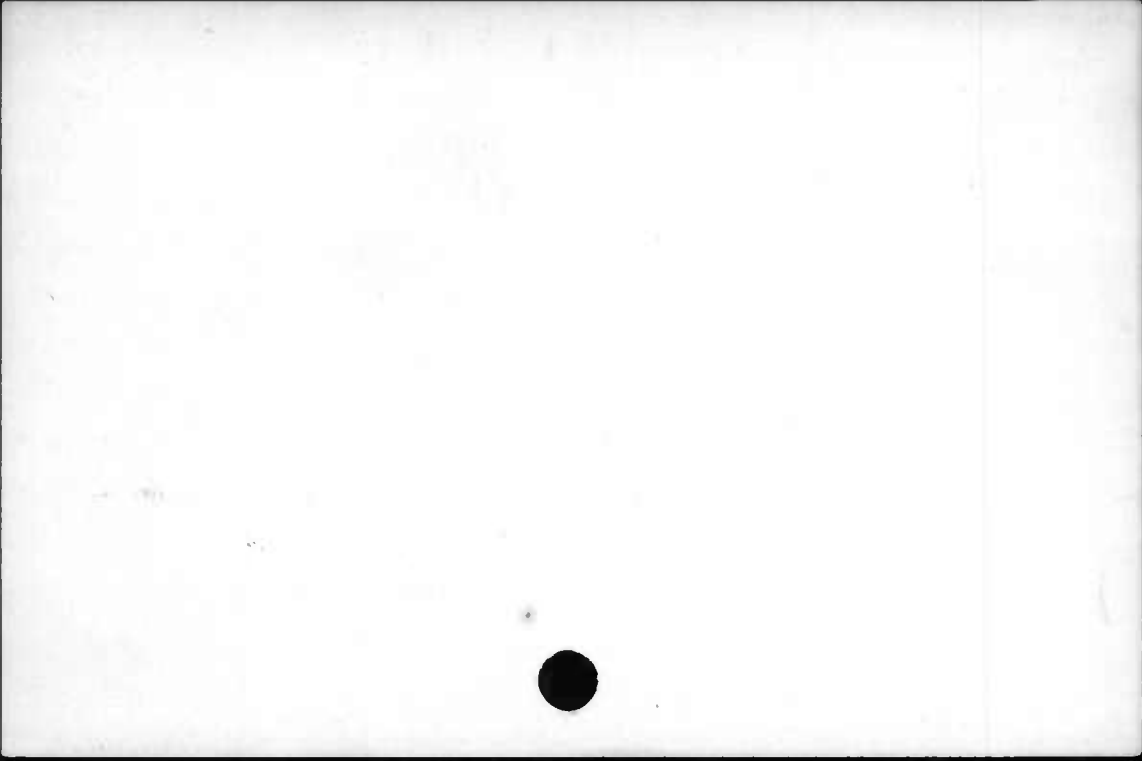
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Snow Hill</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>12</i>	Day <i>6</i>	Age <i>24</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Near Berlin, Md.</i>				
Occupation <i>Housekeeper</i>			Where Residing if not at place of death <i>Near Snow Hill, Md.</i>				
Married, Single or Widowed			Name of Wife or Husband <i>—</i>				
Father's Name <i>Burton Gray</i>			Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Brittingham</i>			Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Hattie Johnson</i>			How related to deceased <i>Sister.</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Bright's Disease</i>		How long	<i>6 mos.</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>W.D. Strangman</i>	
			Address <i>Snow Hill, Md.</i>	
Accident or Suicide? <i>—</i>				



Name  
In  
Full

Anna B. Holstein

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cedar town</u> <sup>Town</sup>		<u>Worcester</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1906</u>	<u>12</u> <sup>Month</sup>	<u>10</u> <sup>Day</sup>	<u>62</u> <sup>Years</sup>	<u>8</u> <sup>Months</sup> <u>3</u> <sup>Days</sup>
Sex	<u>Female</u>		Color <u>White</u>	Birth-place	<u>Ind.</u>
Occupation	<u>none</u>		Where Residing if not at place of death <u>✓</u>		
<del>Married</del> , Single <del>or Widowed</del>	Name of Wife or Husband <u>✓</u>				
Father's Name	<u>Benjamin Holstein</u>			Father's Birthplace	<u>Ind.</u>
Mother's Maiden Name	<u>Mary Davis</u>			Mother's Birthplace	<u>Ind.</u>
Name of person giving information	<u>Miss. Belle Holstein</u>			How related to deceased	<u>Sister</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Hepatic Sarcoma</u>	How long	<u>✓</u>
Immediate	<u>Hepatic Sarcoma</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>W. D. Frangham</u>
		Address	<u>Snow Hill. Ind.</u>
<u>Accident or Suicide?</u>			

11

Name  
in  
Full

Levin James Houston

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Stockton</b>		County <b>Worcester</b>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<b>1906</b>	<b>December</b>	<b>28</b>	<b>65</b>	<b>—</b>	<b>14</b>
Sex <b>Male</b>	Color or Race <b>White</b>		Birthplace <b>Pilts Cr. Wor. Co. Md.</b>		
Occupation <b>Mercantile + Milling</b>			Where Residing if not at place of death <b>Stockton</b>		
Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Sarah Elizabeth Mezick</b>				
Father's Name <b>John M. Houston</b>			Father's Birthplace <b>Pilts Cr.</b>		
Mother's Maiden Name <b>Eliza Jane Stant</b>			Mother's Birthplace <b>Accomac Co. Va.</b>		
Name of person giving information <b>Sarah E. Houston</b>			How related to deceased <b>Wife</b>		

## CAUSES OF DEATH

Primary <b>Pneumonia</b>	How long <b>4 days</b>
Immediate <b>Lobar pneumonia</b>	How long <b>5 days</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>J. D. Dickerson</b>
	Address <b>Stockton Md</b>
	<b>Worcester Co</b>
Accident or Suicide?	



Name  
In  
Full

CERTIFICATE OF DEATH

*William Jarmar*  
Town *Ronshire* County *Mcintosh*

MARYLAND

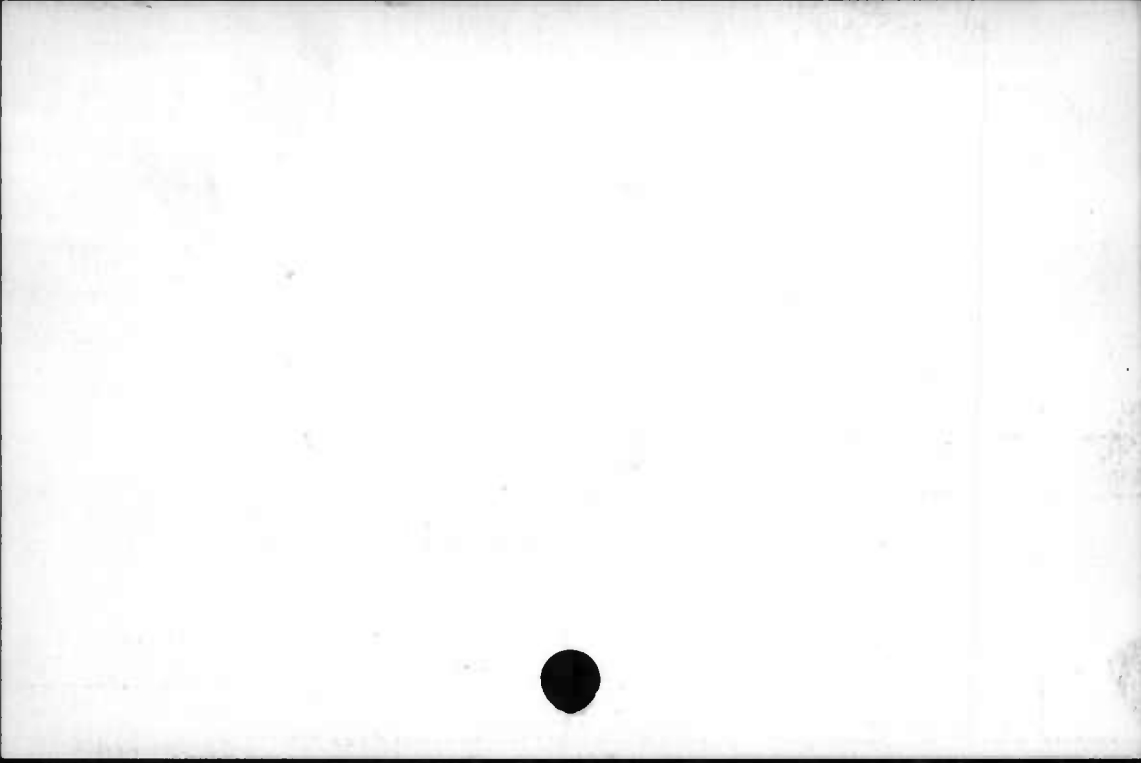
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Date of death		Age		Months		Days	
<i>1906</i>		<i>12</i>		<i>19</i>		<i>43</i>			
Sex		Color or Race		Birth-place					
<i>Male</i>		<i>White</i>		<i>White</i>					
Occupation				Where Residing if not at place of death					
<i>Farmer</i>									
Married, Single or Widowed				Name of Wife or Husband					
<i>Married</i>				<i>Dorothy</i>					
Father's Name				Father's Birthplace					
Mother's Maiden Name				Mother's Birthplace					
Name of person giving information				How related to deceased					
<i>Mr Holstee</i>				<i>None</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
<i>Diabetes</i>		<i>50</i>	
Immediate		How long	
<i>yes</i>			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Ebe Holland</i>	
		Address	
		<i>Berlin Md</i>	
Accident or Suicide?			
<i>no</i>			





Name  
in  
Full

Harriet H. King

CERTIFICATE OF DEATH

Died at <i>Pocomoke City</i> <sup>Town</sup>		<i>Thames</i> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	<i>Dec</i>	Day	<i>18</i>
Age	<i>52</i>	Years		Months	
Sex	<i>Male</i>	Color or Race	<i>White</i>	<i>Previous Address</i>	
Occupation	<i>Living man</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Hattie King</i>		
Father's Name	<i>Henry King</i>		Father's Birthplace		
Mother's Maiden Name	<i>Priscilla Ann Smith</i>		Mother's Birthplace <i>Montro Co</i>		
Name of person giving information	<i>W.F. King</i>		How related to deceased <i>Brother</i>		

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

Primary *Angina Pectoris* **(80)** *80* How long *2 years*

Immediate *Heart failure (Myocardial death)*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*D. R. H. Hall*  
*Pocomoke City, Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER

Dec 20 *Elysia Cuneata*



Name  
in  
Full

Nancy Mason

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Girdletree<sup>County</sup> Worcester

MARYLAND

Date of death 1906 <sup>Month</sup> December <sup>Day</sup> 12<sup>th</sup>Age <sup>Years</sup><sup>Months</sup> <sup>Days</sup>

Sex Female

Color or Race white

Birth-place Girdletree

Occupation Housekeeper

Where Residing if not at place of death

Married, Single or Widowed Married

Name of Wife or Husband Burton Mason

Father's Name Geo Floyd

Father's Birthplace Girdletree

Mother's Maiden Name Elizabeth E Jones

Mother's Birthplace Girdletree

Name of person giving information J W Pilshand

How related to deceased Not related

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Tuberculosis

Immediate Diarrhoea

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

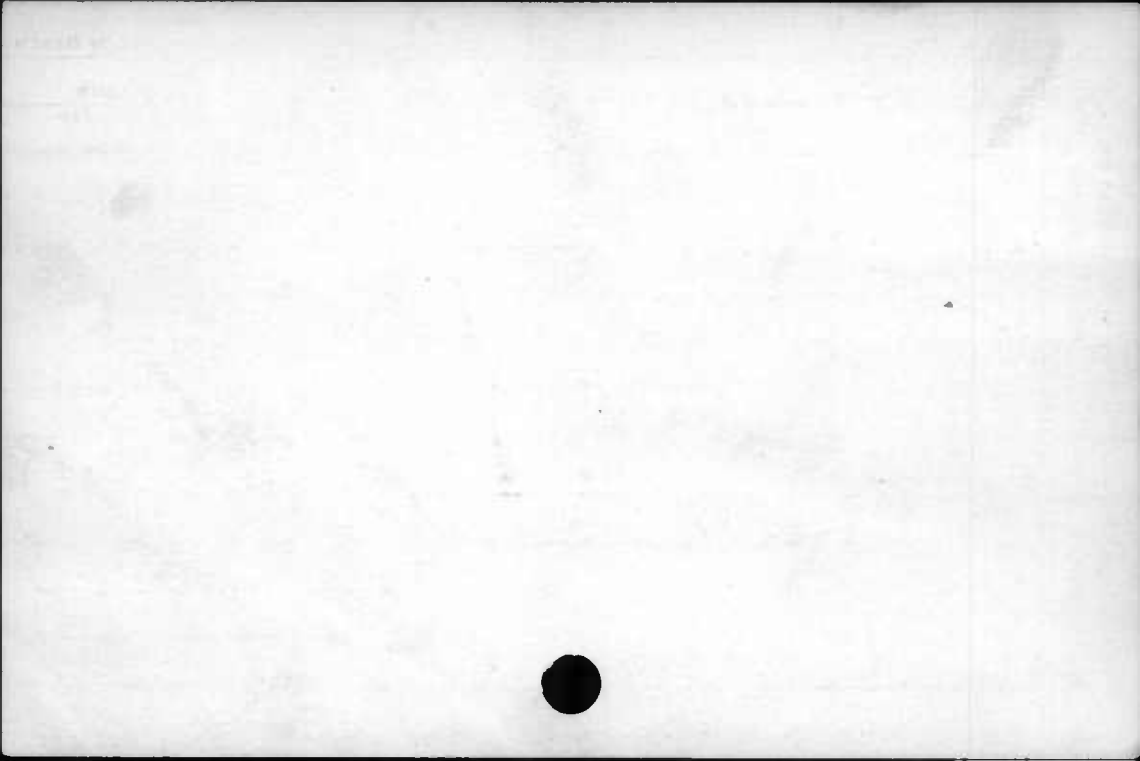
Address

How long 6 months or longer

How long Several weeks

Accident or Suicide?

J W Parker  
Stockton Maryland



Name  
in  
Full

Edward J. Marliac

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Pinto Creek*

Town

*Massachusetts*

County

Date  
of death *1906*

Month

*Dec*

Day

*29*

Age

Years

*76*

Months

Days

Sex *Male*Color or  
Race*White*Birth-  
place*France*

Occupation

*Farmer*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
HusbandFather's  
Name*Don't know*Father's  
Birthplace*—*Mother's  
Maiden Name*Don't know*Mother's  
Birthplace*—*Name of person giving  
information*Levin P. Munnice*How related  
to deceased*None*

## CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary

*Acute  
Diffuse Bronchitis  
Exhaustion*

How long

*2 Weeks*

Immediate

How long

*—*Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

*R. Lee Hall  
Pocomoke City, Md*

Accident or Suicide?

Box #1 1406 Burned on 7mm

Name In Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Camden Town</i>		County <i>Worcester</i>		MARYLAND	
	Date of death <i>1906</i>	Month <i>December</i>	Day <i>29</i>	Years <i>42</i>	Months Days 	
	Sex <i>Male</i>	Color or Race <i>Colored</i>		Birthplace <i>Maryland</i>		
	Occupation <i>Labourer &amp; farmer</i>		Where Residing if not at place of death 			
	Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Carrie Menford</i>				
	Father's Name <i>Not known</i>	Father's Birthplace 				
	Mother's Maiden Name <i>unknown</i>	Mother's Birthplace 				
	Name of person giving information <i>Isaac Menford</i>		How related to deceased <i>Brother</i>			
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Consumption</i>		How long <i>3 months</i>		(27)	
	Immediate <i>No</i>		How long 			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician 			
	<i>yes</i>		Address <i>T. Beynon Bishopscove Md.</i>			
Accident or Suicide?						





Name in Full		Infant		Morris		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Bulie		County Worce.		MARYLAND
	Date of death	1906	Month 12	Day 6	Age	Years	Months 1 Days 7
	Sex	Girl	Color or Race Colored		Birth-place Md		
	Occupation	—		Where Residing if not at place of death Bulie			
	Married, Single or Widowed	Name of Wife or Husband					
	Father's Name	Will Morris				Father's Birthplace	Md.
	Mother's Maiden Name	Etta Jarnan				Mother's Birthplace	Md.
Name of person giving information	Dan Jarnan				How related to deceased	Grand Father in Law.	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary					How long	(179)
	Immediate	Died Known				How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	No Doctor				No Physician		
	Accident or Suicide?				Address 24 Massy St. D.		



Name  
in  
Full

Unnamed

Richard

## CERTIFICATE OF DEATH

MARYLAND

Died at *Stockton* TownCounty *Worcester*Date of death *1906 Dec*Day *12*Age *0* YearsMonths *0*Days *0*Sex *Male*Color or Race *white*Birth-place *Stockton Md*Occupation *-*Where Residing if not at place of death *-*Married, Single or Widowed *-*Name of Wife or Husband *-*Father's Name *John E. Richard*Father's Birthplace *Md*Mother's Maiden Name *Mary R. Richard*Mother's Birthplace *Md*Name of person giving information *J. A. Richard*How related to deceased *Father*

## CAUSES OF DEATH

Primary

*Still Born*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

*yes*

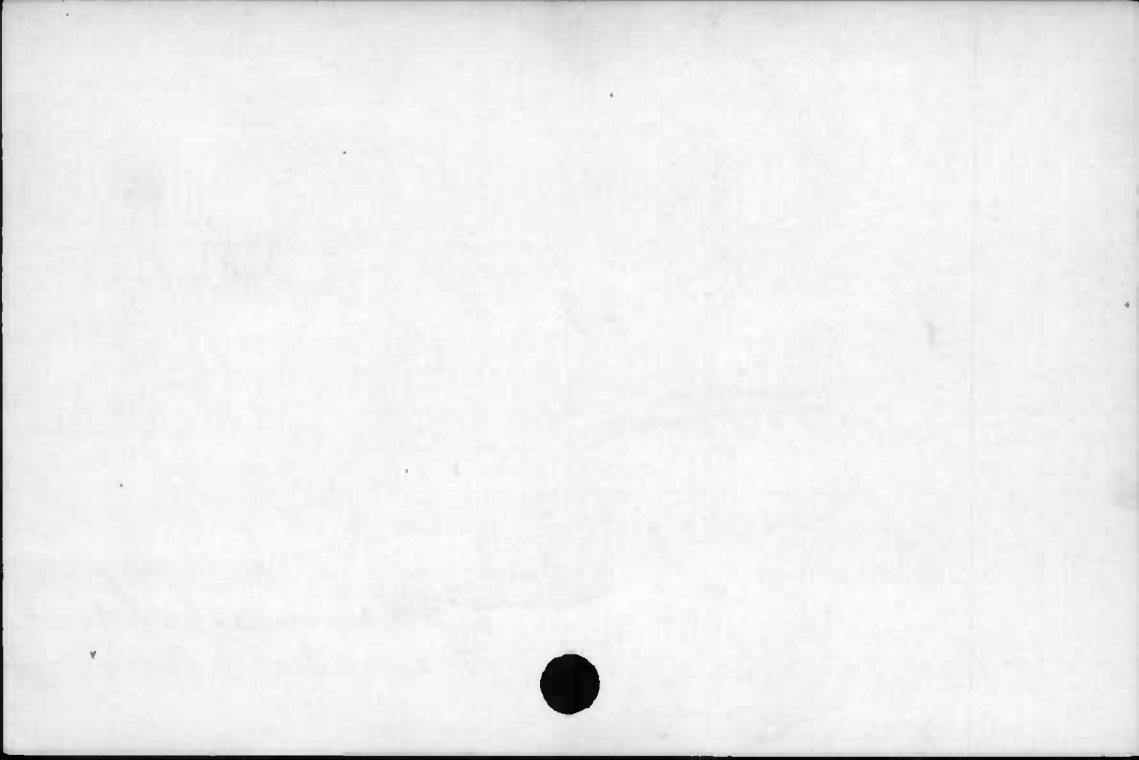
Signature of Physician

Address

*J. D. Dickerson*  
*Stockton Md*  
*Worcester Co.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Hallie Porter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Groddletown</i>		County <i>Worcester</i>		MARYLAND	
Date of death	1900	Month	12	Day	13
Age		Years		Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Wm. D. C.</i>			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Fredrick Porter</i>			
Father's Name	<i>George Pruitt</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Emma Richie</i>			Mother's Birthplace	<i>Ida</i>
Name of person giving information	<i>Father Geo Pruitt</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	
Immediate	<i>Cardiac Dilatation</i>	How long	<i>Two days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. B. Brumfield</i>	
<i>Yes</i>		Address <i>Worcester, Ind.</i>	
Accident or Suicide?		<i>—</i>	



Name  
in  
Full

Clarence F. Powell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Box 1800 Town Waverly County Waverly MARYLAND

Date of death 1906 Month Dec Day 19 Age 7 Years 1 Months 16 Days

Sex Male Color or Race White Birth-place Ind

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

~~Married~~, Single  
~~or Widowed~~

Name of Wife or  
Husband

Father's  
Name

Alva Powell

Father's  
Birthplace

Ind.

Mother's  
Maiden Name

Jane Powell

Mother's  
Birthplace

Ind.

Name of person giving  
Information

Alva Powell

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Typhoid fever

How long

3 weeks

Immediate

Intestinal hemorrhage

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

John H. Riley

Snow Hill

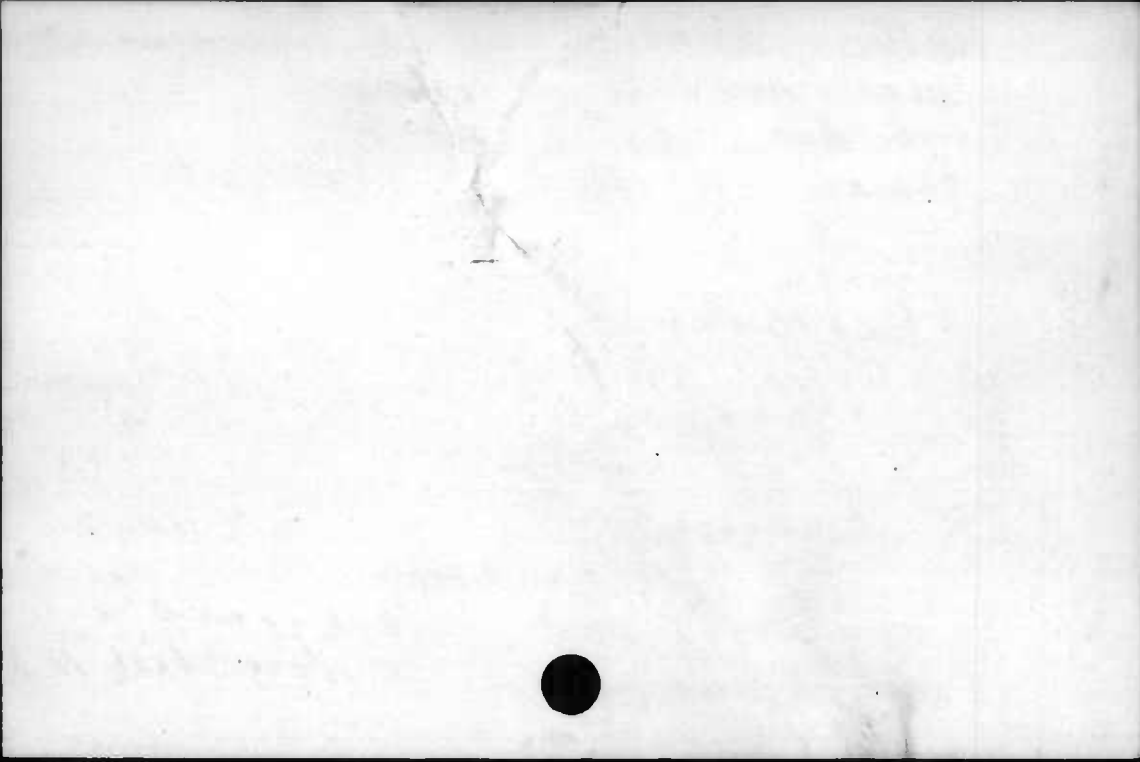
Accident or Suicide?

Maryland





Name in Full <b>Noah Purcell</b>		Town <b>Mt-Wesley</b>		County <b>Worcester</b>		CERTIFICATE OF DEATH	
Died at		Month <b>Dec</b>		Day <b>21</b>		Age <b>2</b>	
Date of death <b>1906</b>		Months <b>2</b>		Years <b>2</b>		Days <b>22</b>	
Sex <b>Male</b>		Color or Race <b>Colored</b>		Birth-place <b>Mayland</b>			
Occupation <b>_____</b>		Where Residing if not at place of death <b>_____</b>					
Married, Single or Widowed <b>_____</b>		Name of Wife or Husband <b>_____</b>					
Father's Name <b>Walter P. Purcell</b>		Father's Birthplace <b>Mayland</b>					
Mother's Maiden Name <b>Emma Purcell</b>		Mother's Birthplace <b>Mayland</b>					
Name of person giving information <b>Walter P. Purcell</b>		How related to deceased <b>Father</b>					
CAUSES OF DEATH							
Primary <b>Bronchitis</b>		How long <b>2 weeks</b>		<b>(92)</b>			
Immediate <b>Pneumonia</b>		How long <b>3 days</b>					
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Paul Jones</b>		Address <b>Snow Hill</b>			
Accident or Suicide? <b>No</b>		[Redacted]		<b>md</b>			



Name

in  
Full

Bette Purnell

CERTIFICATE OF DEATH

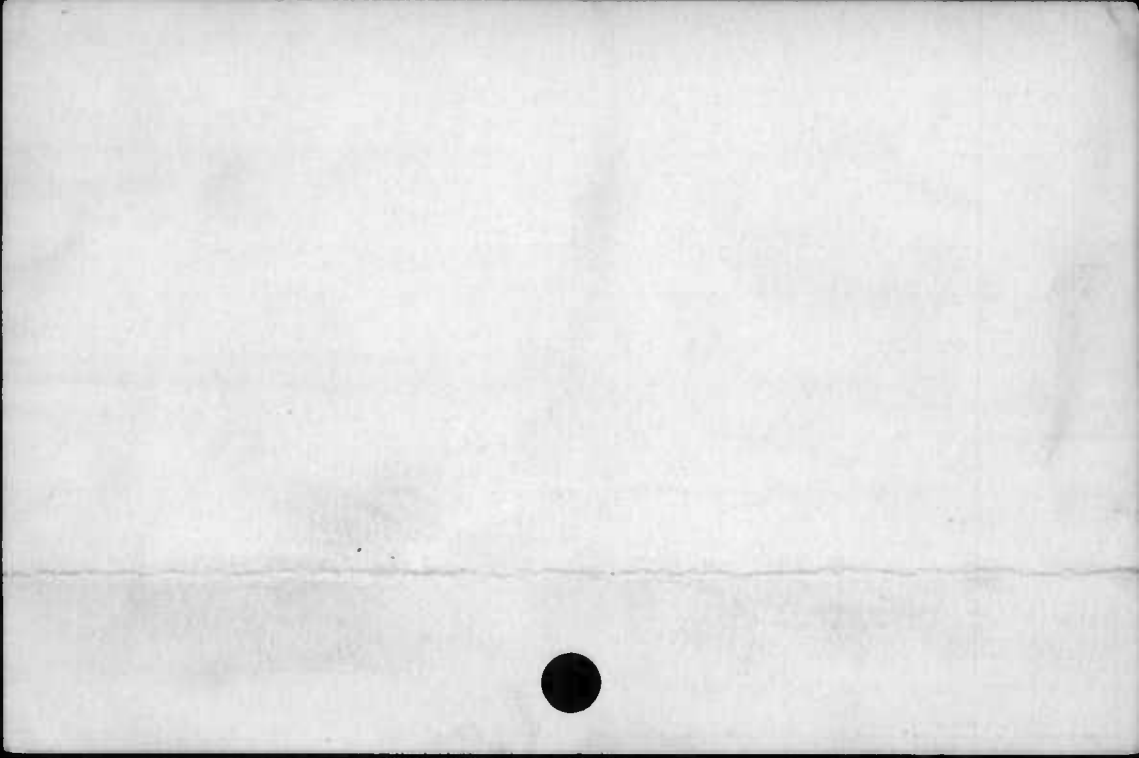
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Snow Hill</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Dec</i>	Day <i>21</i>	Age <i>4</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Blk</i>		Birthplace <i>Md</i>				
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Geo B Purnell</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Effie Purnell</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Berry Blake</i>		How related to deceased <i>Neighbor</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>7 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Paul Jones</i>
	Address <i>Snow Hill Md</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Charles E. Henry</i>		Town <i>Berlin</i>		County <i>Winchester</i>		MARYLAND	
Died at <i>Home Berlin</i>							
Date of death <i>1904</i>		Month <i>Dec</i>		Day <i>18</i>		Age <i>49</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birthplace <i>Maryland</i>			
Occupation				Where Residing If not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Robert Henry</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Fanny Franklin</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Louise Henry</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

Primary

*Apoplexy*

How long

Immediate

*Paralysis*

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*E. J. Hollen & Sons*  
*Berlin*  
*MD*

Accident or Suicide?



Name  
in  
Full

Henry D Single

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Berlin</i> <sup>Town</sup>		<i>Worcester</i> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	12	Day	8
Sex	Male	Color or Race	White	Years	87
Occupation	Retired	Birth-place	Engl	Months	
Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Mrs May L.		
Father's Name			Father's Birthplace	Engl	
Mother's Maiden Name			Mother's Birthplace	Engl	
Name of person giving information	J. E. Wise		How related to deceased	Nephew	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Softening of Brain</i>	How long	<i>65</i>
Immediate	<i>Minorsitis</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>James P. [illegible]</i>	
		Address	
		<i>Berlin, Md.</i>	
Accident or Suicide?			

